

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO. <b>09/446545</b>	FILING DATE	
							APPLICANT(S)		
<b>CLAIMS</b>									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	1								
2		1							
3		2							
4		1							
5		1							
6	1								
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TOTAL IND.	2						TOTAL IND.		
TOTAL DEP.	10						TOTAL DEP.		
TOTAL CLAIMS	12						TOTAL CLAIMS		